

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.:	Microbiology Supplies
Effective Date:	04/09/2008
Expiration Date:	04/08/2009
Agency Number:	
Facility:	ASA8-8-76
Vendor Federal ID:	410417775
Vendor Telephone Nbr:	651/575-5521--
Name Of Contact Pers:	RICHARD LACLAIR
FAX Number:	800/591-9293--

Name and Address of Vendor: 3M COMPANY  
Cntct: RICHARD LACLAIR  
3M CENTER BUILDING 225 5S 08  
BOX 33225  
ST PAUL, MN 55144 1000

Line Number	Quantity	UNIT	Article and Description	Unit Price
11	99,999,999.00	CS	000000000100070639 Petrifilm, Aerobic, 1000 per Case, Cat # 6406	423.0000
12	99,999,999.00	CS	000000000100070640 Petrifilm, Coliform, 1000 per Case, Cat # 6416	458.0000
13	99,999,999.00	CS	000000000100070641 Petrifilm, E. Coli, 500 per Case, Cat # 6414	529.0000
14	99,999,999.00	CS	000000000100070642 Petrifilm, Yeast & Mold, 1000 per Case, Cat # 6417	574.0000
15	99,999,999.00	CS	000000000100070643 Plate, Staph, Express, 500 per Case, Cat # 6491	630.0000
16	99,999,999.00	CS	000000000100070644 Disk, Staph, Express, 100 per Case, Cat # 6493	100.0000
17	99,999,999.00	CS	000000000100070645 Petrifilm, Sensitivity, High, 500 per Case, Cat # 6415	425.0000
18	99,999,999.00	EA	000000000100070646 Kit, TECRA, Staph, Toxin, 48/Kit, Cat SETVIA48	348.6100
19	99,999,999.00	EA	000000000100070647 Kit, TECRA, Staph, Toxin, 96/Kit, Cat # SETVIA96	675.6800
20	99,999,999.00	EA	000000000100070648 Kit, TECRA, Staph, Toxin, 72/Kit, Cat # SIDVIA72	348.0000

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053		